
Compliance Assistance Tools

Presented October 29, 2008 by:

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Technical Management Section

Bureau of Air Quality



Section Role

- Review monitoring & reporting for compliance
 - Ensure accuracy in periodic reporting
-

Reporting Format

- Permit types & formats
 - May require
 - Specific information for individual conditions
 - Additional conditions for specific equipment ID's
 - Individual reports for condition limits
-

Revised TV & CM Permits

- Revised format
 - Conditions ID specific
 - Conditions include
 - Limits/Standards
 - Testing
 - Monitoring & Reporting
-

What should I include in Report?

- Read the condition!
 - Report should include Facility Information:
 - Company Name and Permit No.
 - Facility Address /Plant Location
 - Contact Information (email or phone #)
-

What should I include in Report?

- Reporting Period Information

- Reporting Period (MM/DD/YYYY) through (MM/DD/YYYY)
 - Monitoring Frequency (Daily, Weekly, Monthly, etc..)
 - Reporting Frequency (Quarterly, Semi-Annual, etc..)
-

What should I include in Report?

- Condition Information
 - Type Report (VOC, Opacity, etc...)
 - Condition Number
 - Unit ID
 - Equipment ID
-

New Compliance Assistance Tools

- New Guidance Forms

- Why?

- Provide information listed in new permit formats
 - Accurately report per condition & ID unit
 - Streamline process and data entry for permits
 - Assist Regional Inspectors with consistency
-

Condition for Revised TV Permit Template

■ Conditions Unit ID & Equipment ID specific

PART 5.C.01 - CONDITIONS FOR EMISSION UNIT ID 01 - Boilers			
Condition Number	Equipment ID	Regulated Pollutant/ Standard	Conditions
01.1	B1	Opacity	<p>Limits/Standards: In accordance with SC Regulation 61-62.S, Standard No. 1, Emissions from Fuel Burning Operations, the boiler shall not discharge into the ambient air smoke which exceeds an opacity of 20%. The twenty (20) percent opacity limit may be exceeded for sootblowing, but may not be exceeded for more than six (6) minutes in a one hour period nor be exceeded for more than a total of twenty-four (24) minutes in a twenty-four (24) hour period. Emissions caused by sootblowing shall not exceed sixty (60) percent opacity.</p> <p>The opacity standards set forth above do not apply during startup or shutdown. The owner/operator shall, to the extent practicable, maintain and operate any source including associated air pollution control equipment in a manner consistent with good air pollution control practices for minimizing emissions. The owner/operator shall maintain a log of the time, magnitude, duration and any other pertinent information to determine periods of startup and shutdown and make these records available to a Department representative upon request.</p> <p>State Only: No</p> <p>Testing: Not Required</p> <p>Monitoring/Record Keeping/Reporting/Other: The owner/operator shall perform a visual inspection on a daily basis when burning fuel oil. Visual Inspection means a qualitative observation of opacity during daylight hours where the inspector records results in a log, noting color, duration, density (heavy or light), cause and corrective action taken for any abnormal emissions. The observer does not need to be certified to conduct valid visual inspections. However, at a minimum, the observer should be trained and knowledgeable about the effects on visibility of emissions caused by background contrast, ambient lighting, and observer position relative to lighting, wind, and the presence of uncombined water. No periodic monitoring for opacity will be required during periods of burning natural gas or propane only. Logs shall be kept to record all visual inspections, including cause and corrective action taken for any abnormal emissions and visual inspections from date of recording. The owner/operator shall submit semiannual reports.</p>

New Guidance Forms

■ Visual Inspection Form

	<p>Visual Inspection Reporting Form</p> <p>Bureau of Air Quality</p> <p>Page 1 of 2</p>
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Please Refer to Instruction Pages Before Completing This Form

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

The intent of this form is to assist facilities in reporting qualitative observations of opacity to comply with source-specific visual inspection permit conditions.



FACILITY INFORMATION									
1. Date: (MM/DD/YYYY) <input type="text"/>		2. Company Name for Permit: <input type="text"/>				3. Existing State Air Permit Number: <input type="text"/> - <input type="text"/>			
4. Business Mailing Address: <input type="text"/>			5. City: <input type="text"/>		6. State: <input type="text"/>		7. Zip Code: <input type="text"/> - <input type="text"/>		
8. Plant Location (Street or Highway): <input type="text"/>			9. City: <input type="text"/>		10. State: <input type="text"/>		11. Zip Code: <input type="text"/> - <input type="text"/>		
12. Facility Contact Person: <input type="text"/>					13. Facility Contact Title: <input type="text"/>				
14. Facility Contact Phone #: <input type="text"/>				15. Facility Contact Email: <input type="text"/>					
REPORTING PERIOD INFORMATION									
16. Permit Type: <input type="checkbox"/> State Minor Operating Permit <input type="checkbox"/> Conditional Major Operating Permit <input type="checkbox"/> Title V Operating Permit (If checked, include RO signature) <input type="checkbox"/> Construction Permit (Include construction permit designation (i.e., CA, CB): <input type="text"/>									
17. Monitoring Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List) <input type="text"/>									
18. Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List) <input type="text"/>									
19. Reporting Period: (MM/DD/YYYY) <input type="text"/> through (MM/DD/YYYY) <input type="text"/>									

Visual Inspection Form cont...

OPACITY EMISSIONS REPORTING			
20. Permit Condition Number: <input type="text"/>	21. Unit ID(s): <input type="text"/>	22. Equipment ID(s): <input type="text"/>	
<input type="checkbox"/> No periodic monitoring for opacity required if burning only natural gas or propane during reporting period as allowed by permit condition.			
<input type="checkbox"/> There was no observation of incidences of abnormal emissions for the reporting period listed above. (Example logs can be found on our website)			
<input type="checkbox"/> Incidences of abnormal emissions were observed during the reporting period listed above. Attach copy of visual inspection log with abnormal emissions. Visual Inspections Log for Abnormal Emissions (click here).			
20. Permit Condition Number: <input type="text"/>	21. Unit ID(s): <input type="text"/>	22. Equipment ID(s): <input type="text"/>	
<input type="checkbox"/> No periodic monitoring for opacity required if burning only natural gas or propane during reporting period as allowed by permit condition.			
<input type="checkbox"/> There was no observation of incidences of abnormal emissions for the reporting period listed above. (Example logs can be found on our website)			
<input type="checkbox"/> Incidences of abnormal emissions were observed during the reporting period listed above. Attach copy of visual inspection log with abnormal emissions. Visual Inspections Log for Abnormal Emissions (click here).			
SIGNATURES			
I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.			
Responsible Official Signature*/Authorized Representative (*Required for Title V sources only)		Title/Position <input type="text"/>	Date <input type="text"/>

Mail Completed Reporting Form and Supporting Documents to:

SC-DHEC
 Manager, Technical Management Section
 Bureau of Air Quality
 2600 Bull Street

■ Visual Inspection Log for Abnormal Emissions



(Use this form for reporting abnormal emissions that occurred during the reporting period.)

The intent of this form is to assist facilities in reporting abnormal qualitative observations of opacity to comply with source-specific visual inspection permit conditions.

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

[illegible]

Visual Inspection Log



Visual Inspection Log

Bureau of Air Quality

Page 1 of 1

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

The intent of this form is to assist facilities in monitoring qualitative observations of opacity to comply with source-specific visual inspection permit conditions.

(Use Visual Inspection Log for Abnormal Emissions for reporting abnormal emissions.)

[illegible]

New Guidance Forms

Deviation/Incident Reporting Form

	<p>Deviation/Incident Reporting Form Bureau of Air Quality Page 1 of 1</p>
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Please Refer to Instruction Pages Before Completing This Form

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

The intent of this form is to assist facilities in reporting Deviations with source-specific permit conditions.
(e.g., deviations in monitoring ranges, pressure drop, temperature, etc.)



FACILITY INFORMATION					
1. Date: (MM/DD/YYYY) <input type="text"/>	2. Company Name for Permit <input type="text"/>			3. Existing State Air Permit Number: <input type="text"/>	
4. Business Mailing Address: <input type="text"/>		5. City: <input type="text"/>	6. State: <input type="text"/>	7. Zip Code: <input type="text"/>	
8. Plant Location (Street or Highway): <input type="text"/>		9. City: <input type="text"/>	10. State: <input type="text"/>	11. Zip Code: <input type="text"/>	
12. Facility Contact Person: <input type="text"/>			13. Facility Contact Title: <input type="text"/>		
14. Facility Contact Phone #: <input type="text"/>		15. Facility Contact Email: <input type="text"/>			
REPORTING PERIOD INFORMATION					
16. Permit Type: <input type="checkbox"/> State Minor Operating Permit <input type="checkbox"/> Conditional Major Operating Permit <input type="checkbox"/> Title V Operating Permit (If checked, include RO signature) <input type="checkbox"/> Construction Permit (Include construction permit designation (i.e., CA, CB): <input type="text"/>					
17. Monitoring Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List) <input type="text"/>					
18. Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List) <input type="text"/>					
19. Reporting Period: (MM/DD/YYYY) <input type="text"/> through (MM/DD/YYYY) <input type="text"/>					

Deviation/Incident Reporting Form cont...

DEVIATIONS/INCIDENTS REPORTING		
20. Permit Condition Number: <input type="text"/>	21. Unit ID(s): <input type="text"/>	22. Equipment ID(s): <input type="text"/>
<input type="checkbox"/> There was no deviation from the condition of the permit for the reporting period listed above.		
<input type="checkbox"/> Deviation(s) occurred from the condition of the permit for the reporting period listed above. (Copy of Deviation/Incident Log attached.) Deviation/Incident Log (click here) .		
Additional Deviations/Incidents Reporting		
20. Permit Condition Number: <input type="text"/>	21. Unit ID(s): <input type="text"/>	22. Equipment ID(s): <input type="text"/>
<input type="checkbox"/> There was no deviation from the condition of the permit for the reporting period listed above.		
<input type="checkbox"/> Deviation(s) occurred from the condition of the permit for the reporting period listed above. (Copy of Deviation/Incident Log attached.) Deviation/Incident Log (click here) .		



SIGNATURES			
I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.			
Responsible Official Signature*/Authorized Representative (*Required for Title V sources only)	Title/Position	Date	

Mail Completed Reporting Form and Supporting Documents to:

SC-DHEC-BAQ

Manager, Technical Management Section

2600 Bull Street

Columbia, SC 29201

DHEC 2227 (7/2008)

Deviation/Incident Log



Deviation/Incident Log
Bureau of Air Quality
Page 1 of 1

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

The intent of this form is to assist facilities in reporting deviations to comply with source-specific permit conditions.
(e.g., deviations in monitoring ranges, pressure drop, temperature, etc.)

[illegible]

New Guidance Forms

VOC Emissions Reporting Form

	<p>VOC Emissions Reporting Form Bureau of Air Quality Page 1 of 1</p>
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Please Refer to Instruction Pages Before Completing This Form
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



The intent of this form is to assist facilities in submitting reporting requirements to comply with source-specific permit conditions.



90 FACILITY INFORMATION							
1. Date: 01/20/2009		2. Company Name for Permit: ABC, LLC			3. Existing State Air Permit Number:		1234-5678
4. Business Mailing Address:		Post Office Box 1		5. City:	Anywhere	6. State:	SC
						7. Zip Code:	29000-0001
8. Plant Location (Street or Highway):		123 ABC Way		9. City:	Rock Hill	10. State:	SC
						11. Zip Code:	29000-0002
12. Facility Contact Person: C.R. Smith					13. Facility Contact Title: Responsible Official		
14. Facility Contact Phone #803-XXX-XXXX				15. Facility Contact Email: CRSmith@XXX.com			
REPORTING PERIOD INFORMATION							
16. Permit Type: <input type="checkbox"/> State Minor Operating Permit <input type="checkbox"/> Conditional Major Operating Permit							
<input type="checkbox"/> Title V Operating Permit (If checked, include RO signature) <input type="checkbox"/> Construction Permit (Include construction permit designation (i.e., CA, CB):							
17. Monitoring Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List)							
18. Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List)							
19. Reporting Period: (MM/DD/YYYY) through (MM/DD/YYYY)							

VOC Emissions Reporting Form Cont...

REPORT INFORMATION				
(PLEASE LIST ALL CONDITIONS, UNIT ID'S, AND EQUIPMENT ASSOCIATED WITH THE REPORT)				
20. Permit Condition Number: <input type="text"/>	21. Unit ID(s): <input type="text"/>	22. Equipment ID(s): <input type="text"/>		
Attach VOC Emissions Report (click here)				
20. Permit Condition Number: <input type="text"/>	21. Unit ID(s): <input type="text"/>	22. Equipment ID(s): <input type="text"/>		
Attach VOC Emissions Report (click here)				
SIGNATURES				
I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true, accurate and complete.				
Responsible Official Signature*/Authorized Representative (*Required for Title V sources only)		Title/Position <input type="text"/>	Date <input type="text"/>	

Mail Completed Reporting Form, VOC Emissions % by Weight Emissions Report, and Supporting Documents to:

SC-DHEC-BAQ
 Manager, Technical Management Section
 2600 Bull Street
 Columbia, SC 29201

New Guidance Forms



**Annual VOC Emissions
% by Weight
Emission Report
Bureau of Air Quality
Page 1 of 1**

Items to be filled in by facility 1-5, 6, 8, 10, 12, 14, 16, 20-21, 23-24

1) Permit Number:
2) Facility Name:
3) Condition Number:

4) Unit ID:
5) Equipment ID:

	6	7	8	9	10	11	12	13	14	15	16	17	18	19
	Product Name 1		Product Name 2		Product Name 3		Product Name 4		Product Name 5		Product Name 6		Total Tons VOC	Total Tons 12M Roll
	Used (gal)	Tons VOC	Used (gal)	Tons VOC	Used (gal)	Tons VOC	Used (gal)	Tons VOC	Used (gal)	Tons VOC	Used (gal)	Tons VOC		
2007- February		0		0		0		0		0		0	0	
2007- March		0		0		0		0		0		0	0	
2007- April		0		0		0		0		0		0	0	
2007- May		0		0		0		0		0		0	0	
2007- June		0		0		0		0		0		0	0	
2007- July		0		0		0		0		0		0	0	
2007- August		0		0		0		0		0		0	0	
2007- September		0		0		0		0		0		0	0	
2007- October		0		0		0		0		0		0	0	
2007- November		0		0		0		0		0		0	0	
2007- December		0		0		0		0		0		0	0	
2008- January		0		0		0		0		0		0	0	
2008- February		0		0		0		0		0		0	0	
2008- March		0		0		0		0		0		0	0	
2008- April		0		0		0		0		0		0	0	
2008- May		0		0		0		0		0		0	0	
2008- June		0		0		0		0		0		0	0	
2008- July		0		0		0		0		0		0	0	
2008- August		0		0		0		0		0		0	0	
2008- September		0		0		0		0		0		0	0	
2008- October		0		0		0		0		0		0	0	
2008- November		0		0		0		0		0		0	0	
2008- December		0		0		0		0		0		0	0	
20)	% By Weight of VOC*		21)		% By Weight of VOC*		23)		Density (lbs/gallon)**		24)		Density (lbs/gallon)**	
Product Name 1			Product Name 4		Product Name 1		Product Name 4		Product Name 4					
Product Name 2			Product Name 5		Product Name 2		Product Name 5		Product Name 5					
Product Name 3			Product Name 6		Product Name 3		Product Name 6		Product Name 6					

DHEC 2226 (7/20)

* Individual Product VOC information can be obtained from the MSDS or the material supplier.

** Can be obtained from MSDS Sheets

New Guidance Forms



Bureau of Air Quality Technical Management Section

- A 12-Month Rolling Sum is to be calculated for each month in the reporting period.
- There would never be two of the same month in the 12-Month Rolling Sum total.
- As another month is added, another month is dropped from the 12-Month Rolling Sum total.

12-Month Rolling Sums Report Frequency - Data needed

Monthly	12 months
Quarterly	14 months
<u>Semiannual</u>	<u>17 months</u>
Annual	23 months

Example Guidance Production: 12-Month Rolling Sum (Semi-Annual)

Month/Year	Production (Tons)	Rolling Sum (Tons)
1 February 07	300	300
2 March 07	350	650
3 April 07	400	1050
4 May 07	300	1350
5 June 07	250	1600
6 July 07	200	1800
7 August 07	190	1990
8 September 07	170	2160
9 October 07	150	2310
10 November 07	150	2460
11 December 07	160	2620
12 January 08	300	2920
13 February 08	325	2945
14 March 08	310	2905
15 April 08	290	2795
16 May 08	330	2825
17 June 08	275	2850

SMB 02/20/08
Semi-annual rolling sum

Classroom Project

- Calculate VOC
- Calculate 12 MRS




Sample Condition

- **Monitoring/Record Keeping/Reporting/Other:** The owner/operator shall maintain records of all volatile organic compounds (VOC). These records shall include the total amount of each **material used, the VOC content in percent by weight of each material** and any other records necessary to determine facility wide VOC emissions. VOC emissions shall be calculated on a **monthly basis and a twelve-month rolling sum** shall be calculated for total VOC. Reports of the calculated values and the twelve-month rolling sum shall be submitted **semiannually**.

An algorithm, including example calculations and emission factors, explaining the method used to determine emission rates shall be included in the initial report. Subsequent submittals of the algorithm and example calculations are unnecessary, unless the method of calculation is found to be unacceptable by the Bureau or if the facility changes the method of calculating emissions and/or changes emission factors.

VOC Reporting Form Classroom Example

When filling out forms on the computer, use only the tab key to move your cursor - do not use the  return key.

The intent of this form is to assist facilities in submitting reporting requirements to comply with source  permit conditions.

FACILITY INFORMATION					
1. Date: 01/20/2009		2. Company Name for Permit: ABC, LLC		3. Existing State Air Permit Number: 1234-5678	
4. Business Mailing Address: Post Office Box 1		5. City: Anywhere		6. State: SC	7. Zip Code: 29000-0001
8. Plant Location (Street or Highway): 123 ABC Way		9. City: Rock Hill		10. State: SC	11. Zip Code: 29000-0002
12. Facility Contact Person: C.R. Smith				13. Facility Contact Title: Responsible Official	
14. Facility Contact Phone #: 803-XXX-XXXX			15. Facility Contact Email: CR.Smith@XXX.com		
REPORTING PERIOD INFORMATION					
16. Permit Type: <input type="checkbox"/> State Minor Operating Permit <input type="checkbox"/> Conditional Major Operating Permit					
<input checked="" type="checkbox"/> Title V Operating Permit (If checked, include RO signature) <input type="checkbox"/> Construction Permit (Include construction permit designation (i.e., CA, CB):					
17. Monitoring Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List)					
18. Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other(Please List)					
19. Reporting Period: 07/01/2008 through 12/31/2008					
REPORT INFORMATION (PLEASE LIST ALL CONDITIONS, UNIT ID'S, AND EQUIPMENT ASSOCIATED WITH THE REPORT)					
20. Permit Condition Number: 01.5		21. Unit ID(s): 01		22. Equipment ID(s): Dryer #1, Dry#2, Dry#2	
Attach VOC Emissions Report (click here)					
20. Permit Condition Number:		21. Unit ID(s):		22. Equipment ID(s):	
Attach VOC Emissions Report (click here)					
SIGNATURES					

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in these documents are true,

MSDS Information to Calculate VOC

- Amount used (gal) **used 50 gal/month**
- Density (lb/gal) **7.17 lb/gal**
- % by wt VOC 96% given or $(6.87\text{lb/gal})/(7.17\text{lb/gal})/100 = 95.8\%$

MSDS

URE-BLEND™ 1K Urethane Blending So

Section 9 — Physical and Chemical Properties

PRODUCT WEIGHT	7.17 lb/gal	EVAPORATION RATE	Slower than ether
SPECIFIC GRAVITY	0.86	VAPOR DENSITY	Heavier than air
BOILING POINT	174 - 384 °F	MELTING POINT	Not Available
VOLATILE VOLUME	96 %	SOLUBILITY IN WATER	Not Available
HMS RATING	2* - 3 - 0	PAINT SAFE® Code	J3
VOLATILE ORGANIC COMPOUNDS (VOC Theoretical)			
6.87 lb/gal	Less Federally Exempt Solvents		
6.87 lb/gal	Emitted VOC		

Section 10 - Stability and Reactivity

STABILITY - Stable
CONDITIONS TO AVOID - None known.
INCOMPATIBILITY - None known.
HAZARDOUS DECOMPOSITION PRODUCTS - By fire: Carbon Dioxide, Carbon Monoxide
HAZARDOUS POLYMERIZATION - Will not occur

Section 11 — Toxicological Information

Tons VOC= (Amt. used gal./mo.)(density lb/gal)(% by wt./100)/(2000)

Example VOC Calculation Spreadsheet

[illegible]

Example 12 MRS

Semi-Annual Report
For tons of VOC for Dec. 08 12MRS

How to get Dec 08 12MRS

VOC's Nov 08 12 MRS 3.209112
+ VOC's Tons Dec 08 + 0.53784
 3.746952
-VOC's Tons Dec 07 - 0.197208
 Dec 08 12 MRS 3.549744

Note* no two December months in the 12 month totals. Need 17 months of data.

Month	VOC tons	12 MRS
2007- August	0.125496	Previously calculated
2007-September	0.143424	Previously calculated
2007- October	0.161352	Previously calculated
2007-November	0.17928	Previously calculated
2007-December	0.197208	Previously calculated
2008-January	0.215136	1.774872
2008-February	0.250992	1.846584
2008-March	0.26892	2.0256864
2008-April	0.286848	2.241
2008-May	0.233064	2.33064
2008-June	0.215136	2.384424
2008-July	0.26892	2.54577
2008-August	0.286848	2.707128
2008-September	0.304776	2.86848
2008-October	0.322704	3.029832
2008-November	0.35856	3.209112
2008-December	0.53784	3.549744

Guidance located on our website at

www.scdhec.net/environment/baq/techman

■ Information on webpage:

- ❑ Staff contacts
 - ❑ Guidance
 - ❑ Title V Annual Compliance Guidance
 - ❑ Compliance Assistance Tools
 - Example Forms
 - General Permit Guidance & Calculation Sheet
 - Compliance Assistance Links
-